

The Informatics Partnership: Building the Bridge to Care Delivery Optimization

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Abstract

The Care Delivery Optimization Project was initiated to reduce documentation burden on frontline clinical staff. The aim of documentation redesign was to reduce waste, focusing on optimizing the medical record to accurately represent care. This project addressed elements that were high-risk, highly regulated, or introduced new documentation methodology. Historically, the organization lacked cross-functional alignment and was unable to overcome these barriers.

To address this, informatics developed key partnerships: Nursing leadership, frontline staff, Risk, Regulatory, and Quality. Dyad partnerships between informatics and practice cascaded from the executive level to the frontline. The CNIO and CNO set vision and modeled collaboration, a Clinical Nurse Specialist and Clinical Informatics Director led the project, and each tactical change was sponsored by a nursing leader and a clinical informaticist dyad. Collaboration allowed informatics to measure feasibility and examine needs of the clinical team while practice partners developed policy and practice integration. At every level, informaticists leveraged their expertise. The value of informatics is deeply tied to engagement with frontline staff. Informatics connects them with the larger IT organization, maximizing the IT investment.

Robust frontline feedback of 1400+ responses were received in QR code surveys, listening sessions, informatics rounding, and submissions through EPIC. The EPIC submission box received over 600 submissions with 48% moved to product development. Informatics responded to all submissions to ensure staff felt heard and to promote ongoing feedback. The project team engaged governing councils such as the System Nursing Practice Council to support shared governance and ensure changes were vetted by front-end users. Changes were deployed through marketed “relief bundles” including information packets and huddle guides. Additional engagements included live learning sessions with clinical leaders, a webpage, and an executive sponsor support video. For each bundle release, informatics rounded during the week of implementation and three (3) months later to survey impact to frontline staff.

Engagement surveys showed an increase in project recognition and comfort with changes over time. In partnership with Quality, Risk, and Regulatory, each relief bundle was developed to include metrics related to adoption, impact, and quality. Adoption was measured through flowsheet usage reports, and regulatory and quality chart audits. Impact was monitored using Epic NEAT data to evaluate time in flowsheets and a Work Flow Analyzer to calculate reduction of clicks. Quality and safety partners reported on quality event monitoring.